

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035193

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1164

STATE FILE NUMBER

FILED OCT 7 1963

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Joseph, Mo.

Length of stay in lb
36 year

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION State Hospital #2

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Unknown b. COUNTY Unknown

c. CITY OR TOWN Unknown

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
Unknown

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First James

Middle

Last O'Donnell

4. DATE OF DEATH

Month Sept Day 27 Year 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

Unknown

8. DATE OF BIRTH

Sept. 16, 1907

9. AGE (last birthday)

56

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Unknown

10b. KIND OF BUSINESS OR INDUSTRY
Unknown

11. BIRTHPLACE (City and state or country)
New York City, N.Y.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

William O'Donnell

13b. MOTHER'S MAIDEN NAME

Mary Welsh

14. NAME OF HUSBAND OR WIFE

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
Unknown

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT

Records State Hospital, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Severe anemia unknown type, untreated

INTERVAL BETWEEN ONSET AND DEATH
Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition stated in (a) or (b) or (c)

Large liquid stools noted since June 1963. No medical evaluation. Mental deficiency. Old hip fracture. Pinned fracture of injury in PART I or PART II of item 18. Removed by R.N.M. May, 1963

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (If injury in PART I or PART II of item 18, state of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from viewed the body last seen alive on Sept 27, 1963. Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Mary Decker Jones M.D. St. Joseph, Missouri

22b. ADDRESS

22c. DATE SIGNED

9/27/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE 10-1-1963

23c. NAME OF CEMETERY OR CREMATORY Anatomical Board

23d. LOCATION (City, town, or county) (State) Kirksville, Missouri

24. FUNERAL DIRECTOR ADDRESS

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG. Oct. 1, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodill

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF M.B. Ames, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 10-1-63

0-1-63-282

0-1-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer, No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Raymond B. Hoar

Licensed Embalmer No. _____

5147

P. O. Address

St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.